

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6108 = 63-021334
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6108

FILED JUN 13 1963

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12 Kingsbury		d. STREET ADDRESS (If outside, give location) 12 Kingsbury	
3. NAME OF DECEASED (Type or print) First JAMES Middle C Last BLYTHE		4. DATE OF DEATH Month June Day 10 Year 1963	
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-21-1870
9. AGE (last birthday) 92	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President		11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME James E. Blythe	
14. MOTHER'S MAIDEN NAME Adine Chauvin		15. NAME OF HUSBAND OR WIFE Bertha Blythe Deceased	
16. SOCIAL SECURITY NO.		17. INFORMANT Miss Jean Blythe 12 Kingsbury	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease Gen. arteriosclerosis 4200 DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 15 YRS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Incarcerated diaphragmatic hernia		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis, Missouri
21. I attended the deceased from Jan 1948 to June 10, 1963 and last saw him alive on June 1, 1963 Death occurred at about 2 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE John L. Horner MD	
22b. ADDRESS 114 N. Taylor, St. Louis 8		22c. DATE SIGNED 6-10-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/12/63	23c. NAME OF CEMETERY OR CREMATORY Calvary	23d. LOCATION (City, town, or county) St. Louis, Missouri
24. FUNERAL DIRECTOR Arthur J. Donnelly 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. JUN 10 1963	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

ITEM NO. SHOULD READ

90

Dr. Norman
114 N. Taylor

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P.O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.